

PATENT APPLICATION SERIAL NO. 10/509516

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

10/04/2004 GFREY1 00000100 500417 10509516

01 FC:1613	920.00 DA
02 FC:1617	130.00 DA
03 FC:1615	522.00 DA
04 FC:1616	290.00 DA

05/19/2005 AJOHNS02 00000002 500417 10509516
01 FC:1615 432.00 DA

03 FC:1615 522.00 CR

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>5/19/05</u>		2 Serial/Patent # <u>10/509516</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing <input type="checkbox"/> Amendment <input type="checkbox"/> Extension of Time <input type="checkbox"/> Notice of Appeal/Appeal <input type="checkbox"/> Petition <input type="checkbox"/> Issue <input type="checkbox"/> Cert of Correction/Terminal Disc. <input type="checkbox"/> Maintenance <input type="checkbox"/> Assignment <input type="checkbox"/> Other	<u>1</u>	<u>9/28/04</u>	
		6 AMOUNT	
		\$ <u>90 00</u>	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
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		\$	
		7 TOTAL AMOUNT OF REFUND	
		\$	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #:	
10 REASON:		<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):	
		9 5 0 -- 0 4 1 7	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A JOHNSON</u>		TITLE: <u>paralegal</u>	
SIGNATURE: <u>R Johnson</u>		PHONE: <u>308-9140</u>	
OFFICE: <u>DO-ED</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: